icon next to each line number.

FEC FORM 2 (REV. 12/2008)

## **FEC FORM 2**

RECEIVED

<u>S</u>	TATEMENT OF CAND	IDACY				OILL ALIG	-2 AM	1:50		
1.	(a) Name of Candidate (in full)			<del>:</del> :_			AIL CE			
_	John Oceguera	——————————————————————————————————————	ck if addres	n shannad		FEU M	ation Number	41 5.11	<del></del>	
	(b) Address (number and street) 900.S. Fourth Street, Su		ck ii addres	ss changed	•	2. Identifica	adon Number			
_	(c) City, State, and ZIP Code					3. Is This	1 /1		Amended	
_	Las Vegas, NV 89101	Tr. Off - O			0.01-1-0.01-	Statem		OR	(A)	
4.	Party Affiliation  Democrat	5. Office Sought US Congres		[	6. State & Dist NV - TBI		late			
_		<del></del>		NCIPAL (	AMPAIG	N COMMI	TTEE		<del></del>	
7.	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  I hereby designate the following named political committee as my Principal Campaign Committee for the									
	(year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
	(a) Name of Committee (in full)	(a) Name of Committee (in full)								
	Oceguera for Congress									
	(b) Address (number and street)									
	900 S. Fourth Street, Suite 211									
	(c) City, State, and ZIP Code									
	Las Vegas, NV 89	)101								
	DE	SIGNATION					TEES			
_	(Including Joint Fundraising Representatives)									
8.	<ul> <li>I hereby authorize the following nar candidacy.</li> </ul>	nea committee, w	nich is NO	my principai	campaign cor	nmittee, to re	ceive and exp	ena tunas	on benait of my	
	NOTE: This designation should be filled with the principal campaign committee.									
	(a) Name of Committee (in full)									
	(-, -, -, -, -, -, -, -, -, -, -, -, -, -									
	(h) Address (grapher and street)									
	(b) Address (number and street)									
(c) City, State, and ZIP Code										
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
Signature of Candidate						Date				
Yor Viegnen						7/18/2011				
NOTE: Submission of false, erroneous, or information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										
Γ	—— <del> </del>		_							
1		. 1					•			

To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" icons and other instructions will not appear on your Doing so will ensure that the filing. Click here for a video printing demonstration.

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USPS Express Mail	Postmarked							
Postmark Illegible								
No Postmark								
Overnight Delivery Service (Specify):	Shipping Date							
Next Business Day Delivery								
Received from House Records & Registration Office	Date of Receipt							
Received from Senate Public Records Office	Date of Receipt							
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